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TO: MAIL STOP AF FROM: Guy V. Tucker, Reg. No. 45,302
U.S. Patent and Trademark Office Nektar Therapeutics

EXAMINER: Teena Kay Mitchell PHONE NUMBER: 650.620.5501
Group Art Unit 3771

FAX NUMBER: 571-273-8300 FAX NUMBER: 650.620.6395

PHONE NUMBER: DATE: July 24, 2007

RE: U.S. Serial No.: 10/714,511 TOTAL NO. OF PAGES INCLUDING COVER: 6
Docket No.: 0175.00

Please find the attached documents for filing in the above-referenced application:

1. Transmittal PTO/SB/21: 1 page
2. Notice of Appeal/Form PTO/SB/31: 1 page and a duplicate copy
3. Petition for Extension of Time/Form PTO/SB/22: 1 page and a duplicate copy:

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Dated: July 24, 2007

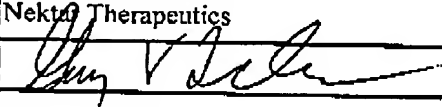
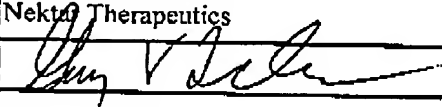
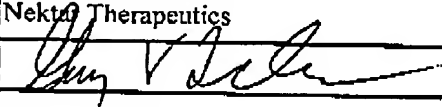
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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/714,511
	Filing Date	November 14, 2003
	First Named Inventor	William Alston
	Art Unit	3771
	Examiner Name	Teena Kay Mitchell
Total Number of Pages in This Submission	Attorney Docket Number	0175.00

ENCLOSURES (Check all that apply)										
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fees Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmittal								
Remarks										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td>Nektar Therapeutics</td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr> <td>Printed name</td> <td>Guy V. Tucker</td> </tr> <tr> <td>Date</td> <td>July 24, 2007</td> </tr> </table>			Firm Name	Nektar Therapeutics	Signature		Printed name	Guy V. Tucker	Date	July 24, 2007
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